



STAMPONE O'BRIEN DILSHEIMER LAW
 BY: PRINCE HOLLOWAY, ESQUIRE
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 500 Cottman Avenue
 Cheltenham, PA 19012
 (215)663-0400
 Attorney for Plaintiff(s)

PROT
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 S. RICE
 JUDICIAL DISTRICT OF PENNSYLVANIA

**THIS IS A MAJOR CASE
 JURY TRIAL DEMANDED**

ROBERT HORN :
 1728 Walker Street :
 Philadelphia, PA 19131 :
 :
 v. :
 :
 STATE FARM INSURANCE COMPANY :
 1 State Farm Drive :
 Concordville, PA 19339 :
 :

COURT OF COMMON PLEAS
 PHILADELPHIA COUNTY

NO.

NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance person-ally or by attorney and filing in writing with the court your defense objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out where you can get legal help.

Philadelphia Bar Association
 Lawyer Referral
 and Information Service
 One Reading Center
 Philadelphia, PA 19107
 (215) 238-1701

AVISO

Le han demandado a usted en la corte. Si usted quiere defenderse de estas demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demanda y la notificacion. Hace falta asentar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea a visado que si usted no se defiende, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notificacion. Ademas, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

Lleva esta demanda a un abogado inmediatamente. Si no tiene abogado o si no tiene el dinero suficiente de pagar tal servicio. Vaya en persona o llame por telefono a la oficina cuya direccion se encuentra escrita abajo para averiguar donde se puede conseguir asistencia legal.

Asociacion de Licenciados
 de Filadelfia
 Servicio de Referencia e
 Informacion Legal
 One Reading Center
 Filadelfia, PA 19107
 (215) 238-1701

STAMPONE O'BRIEN DILSHEIMER LAW
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**THIS IS A MAJOR CASE
JURY TRIAL DEMANDED**

ROBERT HORN	:	COURT OF COMMON PLEAS
1728 Walker Street	:	PHILADELPHIA COUNTY
Philadelphia, PA 19131	:	
	:	
v.	:	NO.
STATE FARM INSURANCE COMPANY	:	
1 State Farm Drive	:	
Concordville, PA 19339	:	

COMPLAINT

1. Plaintiff, Robert Horn, is an individual and citizen of the Commonwealth of Pennsylvania, residing therein at 1728 Walker Street, Philadelphia, PA, 19131.

2. Defendant, State Farm Insurance Company, is a corporation and insurance company existing under the laws of the Commonwealth of Pennsylvania, with a regular place of business located at 1 State Farm Drive, Concordville, PA, 19339.

3. On or about August 22, 2018, at or about 8:00 p.m., Plaintiff, Robert Horn, was running on Market Street and 21st Street in Philadelphia, PA, when while making a right turn on 21st Street, he was suddenly and without warning struck by a vehicle which was making a right hand turn out of a parking lot, violently striking Plaintiff, causing him to be thrown up onto the hood of the car, causing severe and serious injuries and damages to the Plaintiff as described at length below. The striking vehicle fled the scene of the accident and no information was obtained regarding same.

4. The accident was due in no manner whatsoever to any act or failure to act on the part of the Plaintiff.

5. As a result of the aforesaid accident, Plaintiff, Robert Horn, has suffered injuries which are serious and permanent in nature, including but not limited to: convergence insufficiency, accommodative excess and post-concussion vision syndrome; vestibular dysfunction syndrome stemming from a dramatic concussion; significant visual convergence issues and ocular headaches; cervical strain and sprain; dizziness; visual fatigue; contusions, lacerations, and abrasions over various portions of his body; post traumatic anxiety and depression; severe damages to his nerves and nervous system; and various other ills and injuries which the Plaintiff yet suffers and may continue to suffer for indefinite time into the future.

6. As a further result of the aforesaid accident, Plaintiff, Robert Horn, has been obliged to receive and undergo medical attention and care and to incur various and diverse expenses, all of which have or may exceed the sums and value recoverable under 75 Pa. C.S. Section 1711 and which the Plaintiff may continue to expend and incur for an indefinite time into the future.

7. As a further result of the aforesaid accident, Plaintiff, Robert Horn, has and may continue to suffer a severe loss of his earnings and impairment of his earning capacity and power, all of which may continue indefinitely into the future and exceed the sums and value recoverable under 75 Pa. C.S. Section 1711.

8. As a further result of the aforesaid accident, Plaintiff, Robert Horn, has suffered severe physical pain and trauma, mental upset and anguish and humiliation and may continue to suffer the same for an indefinite time into the future.

9. As a further result of the aforesaid accident, Plaintiff, Robert Horn, has suffered a diminution in his ability to enjoy life and life's pleasures, all of which may continue indefinitely into the future.

COUNT I
ROBERT HORN V. STATE FARM INSURANCE COMPANY
CONTRACT ACTION – UNINSURED MOTORIST CLAIM

10. Plaintiff herein incorporates by reference all of the allegations contained in Paragraphs 1 through 9 as if fully set forth at length herein.

11. By contract, Plaintiff, Robert Horn, is and was the insured under a policy of automobile insurance with State Farm Insurance Company, Policy No. 330 7409 E28 38, which was in effect on the date and time of the above referenced accident. It is believed and therefore averred that State Farm Insurance Company has a full copy of the applicable insurance policy. (A true and correct copy of the applicable declaration page and policy is attached hereto as Exhibit "A").

12. Plaintiff purchased, elected and paid premiums to State Farm Insurance Company to provide coverage for his vehicle with uninsured motorist coverage for bodily injury in the amount of \$100,000.00 on the policy per person.

13. State Farm Insurance Company has been advised of the uninsured status of the tortfeasor.

14. State Farm Insurance Company has been provided with a reasonable opportunity to evaluate Plaintiff's claims and pay Plaintiff all Uninsured Motorist benefits to which he is entitled.

15. By contract, as well as by operation of law, Defendant, State Farm Insurance Company, as the Uninsured Motorist carrier for Plaintiff is required to pay those damages that were sustained by their insured caused by the negligent conduct of the uninsured tortfeasor.

16. It is believed and therefore averred that the value of Plaintiff, Robert Horn's, claim is in excess of the \$100,000.00 bodily limits provided by uninsured motorist benefits.???

17. Despite repeated demands, Defendant, State Farm Insurance Company, has refused to tender the demanded Uninsured motorist policy limits of \$100,000.00 on the claim of Robert Horn. Defendant, through its agent, adjuster, Ashley Christopher, has not made a reasonable offer to resolve Plaintiff's claim.

18. The failure and refusal to pay Plaintiff, Robert Horn, the \$100,000.00 policy limits and to make a good faith offer on the claim for Plaintiff, Robert Horn, is a breach of Defendant's fiduciary duty to its insured under the insurance contract as referenced above.

WHEREFORE, Plaintiff, Robert Horn, demands judgment in his favor and against Defendant, State Farm Insurance Company, in an amount in excess of Fifty Thousand (\$50,000.00) Dollars, plus incidental and consequential damages, interest and costs of suit.

Respectfully submitted,

STAMPONE O'BRIEN DILSHEIMER LAW

BY: 

PRINCE HOLLOWAY, ESQUIRE
Attorney for Plaintiff(s)

VERIFICATION

ROBERT HORN, states that he is the Plaintiff herein, that he is acquainted with the facts set forth in the foregoing pleading, that the same are true and correct to the best of his information, knowledge and belief and that this statement is made subject to the penalties of 18 Pa. C.S.A., Section 4904, relating to unsworn falsification to authorities.


ROBERT HORN

EXHIBIT “A”

74RFECS

12/7/2018 4:03:06 PM PAGE 2/009 Fax Server

State Farm Mutual Automobile Insurance Company
One State Farm Dr
Concordville, PA 19339

NAMED INSURED

4T3 00168 0056
HORN, BOBBY
1728 WALLACE ST APT 201
PHILADELPHIA PA 19130-3367

3B-9F01-2 A A

72340-2-A MUTL VOL

DECLARATIONS PAGE

NAIC# 25178 PAGE 1 OF 2

POLICY NUMBER 330 7409-E28-38

POLICY PERIOD MAY 28 2018 TO NOV 28 2018
12:01 A.M. Standard TimeSTATE FARM PAYMENT PLAN NUMBER
1252335413

AGENT

MICHAEL DECARLO
826 S 19TH ST OFC 2
PHILADELPHIA, PA 19103-2586

PHONE: (215)772-0100

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.

IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLING	VEHICLE ID NUMBER	CLASS
2017	AUDI	A3	4DR	WAUB1GFF9H1051252	100060H000

SYMBOLS		COVERAGE & LIMITS	PREMIUMS
A	Liability Coverage		\$1,494.00
	Bodily Injury Limits		
	Each Person, Each Accident		
	\$100,000 \$90,000		
	Property Damage Limit		
	Each Accident		\$1,000,000
C2	Medical Payments Coverage		\$17.34
	Limit, Each Person		
	\$5,000		
	Comprehensive Coverage, \$500 Deductible		\$64.65
G	Collision Coverage - \$500 Deductible		\$309.36
P	Emergency Road Service Coverage		\$34.00
R1	Car Rental and Travel Expenses Coverage		\$15.50
	Limit, Car Rental Expenses		
	Each Day Each Loss		
	\$0.00 \$1,000		
U3	Uninsured Motor Vehicle Coverage		\$3.39
	Bodily Injury Limits		
	Each Person, Each Accident		
	\$100,000 \$90,000		
W3	Underinsured Motor Vehicle Coverage		\$34.31
	Bodily Injury Limits		
	Each Person, Each Accident		
	\$100,000 \$90,000		
F	Funeral Benefits Coverage		\$.32
	Each Person, Burial		
	\$2,500		
	Total premium for MAY 28 2018 TO NOV 28 2018		\$247.14

IMPORTANT MESSAGES

New Policy Form

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

You have the right to request, no more than once during a 12-month period, that your policy be re-rated using a current credit-based insurance score. The resulting impact due to the credit portion of the re-rated insurance score will not increase your premium; however, your overall premium may decrease, remain the same, or increase due to other factors impacting your total premium.

CONTINUED

See Reverse Side

10247/03460
(533-18-215914 10102501)

Case ID: 200801010

74RFECS

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This policy is issued by State Farm Mutual Automobile Insurance Company.

MUTUAL CONDITIONS

1. **Membership.** While this policy is in force, the first insured shown on the Declarations Page is entitled to vote at all meetings of members and to receive dividends the Board of Directors in its discretion may declare in accordance with reasonable classifications and groupings of policyholders established by such Board.
2. **No Contingent Liability.** This policy is non-assessable.
3. **Annual Meeting.** The annual meeting of the members of the company shall be held at its home office at Bloomington, Illinois, on the second Monday of June at the hour of 10:00 A.M., unless the Board of Directors shall elect to change the time and place of such meeting. In which case, but not otherwise, due notice shall be mailed each member at the address disclosed in this policy at least 10 days prior thereto.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Youell
Secretary

Michael D. Flynn
President

THIS MESSAGE APPLIES TO CAR POLICIES:

IF YOU HAVE "COLLISION" COVERAGE ON THIS POLICY, YOU ALSO HAVE "COLLISION" COVERAGE ON ANY RENTED CAR WHILE IT IS DRIVEN BY OR IN THE CUSTODY OF AN INSURED.

PLEASE NOTE THESE LIMITATIONS AND EXCEPTIONS:

1. THIS COVERAGE APPLIES FOR NO MORE THAN 30 CONSECUTIVE DAYS BEGINNING ON THE DAY YOU BEGIN USING THE CAR.
2. THIS AUTOMATIC EXTENSION OF COVERAGE IS FOR COLLISION COVERAGE ONLY. NO OTHER CHARGES IMPOSED BY YOUR RENTAL AGREEMENT ARE COVERED.
3. THIS COVERAGE IS SECONDARY TO OTHER INSURANCE CARRIED ON A RENTED CAR AND IS SUBJECT TO ALL OTHER POLICY PROVISIONS AND APPLICABLE ENDORSEMENTS.

THIS MESSAGE APPLIES TO RECREATIONAL VEHICLE POLICIES:

ANY "PHYSICAL DAMAGE" COVERAGE THAT YOU MAY HAVE ON THIS POLICY DOES NOT APPLY TO RENTED RECREATIONAL VEHICLES.

74RFECS

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State Farm Mutual Automobile Insurance Company
 One State Farm Dr.
 Concordville, PA 19339

72340-2-A MUL. VOL

DECLARATIONS PAGE

NAIC# 25178 PAGE 2 OF 2

NAMED INSURED 001000 0068
 HORN, BOBBY
 1729 WALLACE ST APT 201
 PHILADELPHIA PA 19100-3367

POLICY NUMBER	3307409-E28-38
POLICY PERIOD	MAY 26 2018 to NOV 28 2018
12:01 A.M. Standard Time	

STATE FARM PAYMENT PLAN NUMBER
 1252335413



12/7/2018

EXCEPTIONS: POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET FORM 9838A, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.
 6097BU LEASED MOTOR VEHICLES (LESSOR AS ADDITIONAL INSURED AND LOSS PAYEE) - AUDI FINANCIAL SERVICES, PO BOX 277, MINNEAPOLIS MN 55440-0277.
 6126LN AMENDATORY ENDORSEMENT:
 6126NT AMENDATORY ENDORSEMENT:
 6126MV AMENDATORY ENDORSEMENT:
 6128DM AMENDATORY ENDORSEMENT:
 6938A 1 AMENDATORY ENDORSEMENT:
 THIS POLICY PROVIDES LIMITED TORT OPTION.

10248/03460
 12/31/12-2/28/2014 01002581
 03EX7
 100-9500

101002580

Agent: MICHAEL DECARLO

Telephone: (215)772-0100

Prepared MAY 09 2018 9F01-A3F

Case ID: 200801010

74RFECS

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This policy is issued by State Farm Mutual Automobile Insurance Company.

MUTUAL CONDITIONS

1. **Membership.** While this policy is in force, the first insured shown on the Declarations Page is entitled to vote at all meetings of members and to receive dividends the Board of Directors in its discretion may declare in accordance with reasonable classifications and groupings of policyholders established by such Board.
2. **No Contingent Liability.** This policy is non-assessable.
3. **Annual Meeting.** The annual meeting of the members of the company shall be held at its home office at Bloomington, Illinois, on the second Monday of June at the hour of 10:00 A.M., unless the Board of Directors shall elect to change the time and place of such meeting. In which case, but not otherwise, due notice shall be mailed each member at the address disclosed in this policy at least 10 days prior thereto.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Yvonne M. Yourell
Secretary

Michael T. Lyons
President

THIS MESSAGE APPLIES TO CAR POLICIES:

IF YOU HAVE "COLLISION" COVERAGE ON THIS POLICY, YOU ALSO HAVE "COLLISION" COVERAGE ON ANY RENTED CAR WHILE IT IS DRIVEN BY OR IN THE CUSTODY OF AN INSURED.

PLEASE NOTE THESE LIMITATIONS AND EXCEPTIONS:

1. THIS COVERAGE APPLIES FOR NO MORE THAN 30 CONSECUTIVE DAYS BEGINNING ON THE DAY YOU BEGIN USING THE CAR.
2. THIS AUTOMATIC EXTENSION OF COVERAGE IS FOR COLLISION COVERAGE ONLY. NO OTHER CHARGES IMPOSED BY YOUR RENTAL AGREEMENT ARE COVERED.
3. THIS COVERAGE IS SECONDARY TO OTHER INSURANCE CARRIED ON A RENTED CAR AND IS SUBJECT TO ALL OTHER POLICY PROVISIONS AND APPLICABLE ENDORSEMENTS.

THIS MESSAGE APPLIES TO RECREATIONAL VEHICLE POLICIES:

ANY "PHYSICAL DAMAGE" COVERAGE THAT YOU MAY HAVE ON THIS POLICY DOES NOT APPLY TO RENTED RECREATIONAL VEHICLES.

PLEASE ATTACH TO YOUR POLICY BOOKLET

Policy Number: 330 7409-E28-38
Sheet 1 of 2

6126LN AMENDATORY ENDORSEMENT

This endorsement is a part of the policy. Except for the changes this endorsement makes, all other provisions of the policy remain the same and apply to this endorsement.

1. THIS POLICY

The following is added (this replaces item 1. of endorsement 6938A.1):

5. Your purchase of this policy may allow:

a. *you* to purchase or obtain certain coverages, coverage options, coverage deductibles, coverage limits, or coverage terms on other products

from the *State Farm Companies*, subject to their applicable eligibility rules; or

b. the premium or price for other: (1) insurance; (2) financial; (3) vehicle; (4) homes; (5) electronic; or (6) travel, products or services purchased by *you*, including non-insurance products or services, to vary. Such other products or services must be provided by the *State Farm Companies* or by an organization that has entered into an agreement or contract with the *State Farm Companies*. The *State Farm Companies* do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization.

2. LIABILITY COVERAGE

Insuring Agreement and Supplementary Payments are replaced by the following:

1. *We* will pay damages an *insured* becomes legally liable to pay because of:
 - a. *bodily injury* to others; and
 - b. damage to property

3. Interest the *insured* is legally liable to pay on damages payable under the *Insuring Agreement* of this policy's Liability Coverage.
4. before a judgment, but only the interest on the lesser of:
 - (1) that part of the damages pay, or
 - (2) this policy's applicable Liability Coverage limit and:
 - a. after a judgement.
5. The following costs and expenses if later to and incurred after a lawsuit been filed against an *insured*.
 - a. Loss of wages or salary, but not in income, up to \$200 for each day *insured* attends, at *our* request: (1) arbitration; (2) a mediation; or (3) trial of a lawsuit; and
 - b. Reasonable expenses incurred an *insured* at *our* request other than



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a. The following is added to 2. Where
Coverage Applies:

Death, Dismemberment and Loss of
Sight Coverage applies worldwide.

b. The following is added (this replaces
item 5.a. of endorsement 6939A.1):

Limited Coverage in Mexico

This policy does not provide Mexican
auto insurance and does not comply
with Mexican auto insurance require-
ments. If you or any other *insured* plan
to drive in Mexico, then auto insurance
providing coverage in Mexico should
be purchased from a Mexican insurance
company.

Subject to the above paragraph, the fol-
lowing coverages apply in Mexico, but
only for accidents and losses that occur
in Mexico within 50 miles of the United
States of America border and only for
insureds as defined under each of the
following coverages:

a. Liability Coverage
b. Medical Payments Coverage, Ex-
traordinary Medical Payments
Coverage, Loss of Income Cover-
age, Funeral Benefits Coverage
c. Physical Damage Coverages

Any amount payable for the repair or
replacement of the *covered vehicle* un-
der this policy will be limited to the
cost to repair or replace the *covered ve-
hicle* in the United States of America.

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PLEASE ATTACH TO YOUR POLICY BOOKLET

Policy Number: 3307409-E28-38

6125MT AMENDATORY ENDORSEMENT

This endorsement is a part of the policy. Except for the changes this endorsement makes, all other provisions of the policy remain the same and apply to this endorsement.

THIS POLICY

The following has been added to item 5:

Your purchase of this policy may allow you to purchase an excess and surplus lines policy from the State Farm Companies, subject to applicable eligibility rules.

6126MV AMENDATORY ENDORSEMENT

This endorsement is a part of the policy. Except for the changes this endorsement makes, all other provisions of the policy remain the same and apply to this endorsement.

1. LIABILITY COVERAGE

If Other Liability Coverage Applies

The following is added to item 2:

The Liability Coverage provided by a motor vehicle loaned to you by a motor vehicle dealer:

1. transported;
2. serviced;
3. repaired; or
4. inspected

by that motor vehicle dealer. Such a remuneration in the form of a fee, rei-

2. PHYSICAL DAMAGE COVERAGES

If Other Physical Damage Coverage or

The following is added to item 3:

The Comprehensive Coverage and the primary coverage for a loss to a motor vehicle is being:

1. transported;
2. serviced;
3. repaired; or
4. inspected

by that motor vehicle dealer. Such a remuneration in the form of a fee, rei-

= Sept for the changes this endorsement makes, all others apply to this endorsement.

this policy applies as primary coverage for the use of a
motor vehicle dealer while your car is being

motor vehicle must be loaned to you without financial
ital charge, or lease charge paid directly by you.

The Collision Coverage provided by this Policy apply as if vehicle loaned to you by a motor vehicle dealer while

nor vehicle must be loaned to you without financial
ital charge, or lease charge paid directly by you.

Page 1 of 1
at Automobile Insurance Company, 2016

3249-03460

74RFECS

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Fax: 500-555-0114

PLEASE ATTACH TO YOUR POLICY BOOKLET

Policy Number: 330 7409-E28-38
Sheet 2 of 2

6938A.1 AMENDATORY ENDORSEMENT

This endorsement is a part of the policy. Except for the changes this provisions of the policy remain the same and apply to this endorsement.

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Your purchase of this policy may allow you to purchase certain coverages, coverage options, coverage deductibles, coverage limits, or coverage terms on other policies from the *State Farm Companies*, subject to their applicable eligibility rules.

DEFINITIONS

a. *Serious injury* is changed by deleting item 1.c. and adding the following:

4. An individual otherwise bound by the limited tort election shall retain full tort rights if injured while an occupant of a private passenger motor vehicle if that vehicle is described on a policy under which full tort rights were elected and that individual is:

a. residing in the household of any individual identified by name as an insured under that policy; and

b. either:

(1) a spouse or other relative of any individual identified by name as an insured under that policy; or

(2) a minor in the custody of either such named insured or relative of such named insured.

2. DEFINITIONS

item 1.c. and adding the following:

4. An individual otherwise bound by the limited tort election shall retain full tort rights if injured while an occupant of a private passenger motor vehicle if that vehicle is described on a policy under which full tort rights were elected and that individual is:

- a. residing in the household of any individual identified by name as an insured under that policy; and
- b. either:
 - (1) a spouse or other relative of any individual identified by name as an insured under that policy; or
 - (2) a minor in the custody of either such named insured or relative such named insured.

Exclusions

a. Exclusion 2. is deleted.

b. The exception to exclusion 2. is changed to read:

This exclusion does not apply to any resident resident agent, employee, or business partner of while maintaining car, a newly acquired portray substitute owned by you.

c. The exception to exclusion 2. is changed to read:

This exclusion does not apply to motor vehicle employer of you relate if such caused by an in erating another

2. GENERAL INFORMATION

Coverage Applies:

- Liability Coverage, Medical Payments Coverage, Extraordinary Medical Payments Coverage, Life of Income Coverage, Funeral Benefits Coverage, and Physical Damage Coverages - also apply in Mexico within 50 miles of United States of America border. A Physical Damage Coverage in Mexico is determined on the basis of cost at the nearest United States of America point.
- Death, Dismemberment and Loss of Sight Coverage applies anywhere in the world.

b. The following is added to 4. Change to This Policy:

- d. **Change of Policy Address**
We may change the named insured's policy address as shown on the Declarations Page and our records to the most recent address provided to us by:

or
(1) ~~you, or~~
(2) the United States Postal Service.

LR
c. 7. Nonrenewal is changed to read:

7. Nonrenewal
If we decide not to renew this policy:

U
a. because a named insured's driver's license or motor vehicle registration has been under suspension or revocation during the policy period, then at least 15 days before the end of the current policy period, or

U
b. for any other reason, then at least 60 days before the end of the current policy period.

we will mail or deliver a nonrenewal notice to the most recent policy address that we have on record for the named insured who is shown on the Declarations Page. The mailing of the notice will be sufficient proof of notice.

U
d. The first sentence of b. How and When We May Cancel of 8. Cancellation is changed to read:

U
We may cancel this policy by mailing or delivering a written notice to the most recent policy address that we have on record for the named insured who is shown on the Declarations Page.

U
e. Item b. of 13. Legal Action Against Us is deleted.